

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

62-025303

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6221

STATE FILE NUMBER

1. PLACE OF DEATH  
a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN Richmond Heights

Inside Limits  
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Deaconess

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
1338 Hawthorne Pl.

Reside on Farm  
Yes ☐ No ☐

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Ada

Angeline

Walsh

4. DATE OF DEATH

Month June

Day 21

Year 1962

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
2-2-1907

9. AGE (last birthday)  
55

IF UNDER 1 YEAR  
Months 4 Days 19

IF UNDER 24 HR  
Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Housewife

10b. KIND OF BUSINESS OR INDUSTRY  
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11. BIRTHPLACE (City and state or country)  
Missouri

12. CITIZEN OF WHAT COUNTRY  
U.S.A.

13a. FATHER'S NAME

J. Breeden

13b. MOTHER'S MAIDEN NAME

Rose Hawkins

14. NAME OF HUSBAND OR WIFE

Bruce Walsh

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)  
no

16. SOCIAL SECURITY NO.  
5

17. INFORMANT Address  
Bruce Walsh 1338 Hawthorne Pl.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Squamous Cell Carcinoma, Prostate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

(Extensive Metastases)

DUE TO (c)

157X

INTERVAL BETWEEN ONSET AND DEATH

7 mos

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a)

Squamous Cell Carcinoma Cervix 1950

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Nov. 1962 to 21 Jun, 1962 and last saw her alive on 21 Jun 1962  
Death occurred at 2:45 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Arthur R. Dalton M.D.

22b. ADDRESS

4531 N. Payco, St. Louis Mo 63126

22c. DATE SIGNED

6/22/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

6-25-1962

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis Missouri

24. FUNERAL DIRECTOR

ADDRESS

A. H. Bocklage 6536 Clayton Rd.

25. DATE RECD. BY LOCAL REG.

JUN 22 1962

26. REGISTRAR'S SIGNATURE

Loan Smith M.D.

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

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4 1

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58

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John H. Haines

Licensed Embalmer No. 74108

P. O. Address St. Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.